

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____

FILING DATE _____

APPLICANT(S)

CLAIMS

AS FILED AFTER
1st AMENDMENT AFTER
2nd AMENDMENT

IND. DEP. IND. DEP. IND. DEP.

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50					
TOTAL IND.	2	2			
TOTAL DEP.	2	2			
TOTAL CLAIMS	9	9			

TOTAL
IND.

TOTAL
DEP.

TOTAL
CLAIMS

51				
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